

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101554003

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	b		/			
3			/			
4	8		/			
5	8		/			
6	8		/			
7	8		/			
8	1		/			
9	5		/			
10	2		/			
11	8		/			
12			/			
13	8		/			
14	8		/			
15	1		/			
16			/			
17			1			
18				1		
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TOTAL IND.			3			
TOTAL DEP.			15			
TOTAL CLAIMS			18			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						